

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF EMPLOYMENT SERVICES
OFFICE OF YOUTH PROGRAMS**

**MAYOR'S YOUTH LEADERSHIP INSTITUTE
FIRST YEAR PARTICIPANT APPLICATION
PROGRAM YEAR 2009-2010**

Applicants must be residents of the District of Columbia, 14 to 17 years of age, and registered for the 2009 Passport-to-Work Summer Youth Program. For additional information, please call (202) 698-3492.

PERSONAL INFORMATION (Please print or type.)

Name _____
(Last) (First) (Middle)

Home Address _____
_____ Apt. #
(City) (State) (Zip Code) Ward _____

Social Security Number - - Telephone No. () _____

Birth date _____ Age _____ Gender _____
(Male) (Female)

Email: _____

Parent/Guardian's Name _____ Relationship _____

Telephone No. () _____ () _____
(Home) (Work)

Address _____
_____ (City) (State) (Zip Code)

Name of School _____ Grade _____

In case of emergency, whom should we contact?

Name _____ Relationship _____

Address _____ Telephone No. () _____
_____ (City) (State) (Zip Code)

How did you learn about the Institute? _____

WORK EXPERIENCE/VOLUNTEER EXPERIENCE

List work experience(s) (include dates of employment, volunteer and community service). _____

TALENTS AND INTERESTS

List your extracurricular activities, hobbies, and interests. _____

HONORS AND AWARDS

List your honors and awards. _____

COLLEGE OR EDUCATIONAL PLANS

Describe your plans for post-secondary, vocational training, etc.

CAREER PLANS

Describe your career interest or goals. _____

MAYOR'S YOUTH LEADERSHIP INSTITUTE

RECOMMENDATION FORM

This recommendation must be completed by a community leader, teacher, employer, adult mentor, or leader from the faith-based community. The individual cannot be a family member or a personal friend.

Applicant's Name _____

Please rank the applicant on a scale of 1 to 10, with 10 being the highest, in the following categories:

Attitude	_____	Creativity	_____	Academics	_____
Personality	_____	Discipline	_____	Listening Skills	_____
Initiative	_____	Leadership	_____	Punctuality	_____
Friendliness	_____	Communication Skills	_____	Work Habits	_____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

What are your comments about the applicant? _____

Signature _____ Date _____

Your Name _____ Telephone Number _____

(Please Print)

Affiliation/Organization _____

PERSONAL STATEMENTS Please note that there are no right or wrong responses, so feel free to answer openly and honestly. Attach additional sheets if necessary.

What do you think is the most important characteristic of a good leader? _____

Imagine you are the Mayor. What two actions would you take to make the District of Columbia a better place to live?

What are your reasons for applying to the Institute? _____

1. Are you able to commit at least thirty (30) hours per month to participate in the Institute's School-Year Component?

_____ Yes _____ No

2. Have you previously applied to the Institute ? _____ Yes _____ No

3. Did you participate in the 2008 Summer Youth Employment Program? _____ Yes _____ No

4. Please check your T-shirt size (one size only)

_____ Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large

Applicant's Signature

Parent / Guardian's Signature

Date

NOTE: To be considered an applicant for the Institute, youth must register for the 2009 Passport-to-Work Summer Youth Program. Once the application is completed, please bring the application and required documentation to the Office of Youth Programs, 625 H Street, N.E. For additional information, call (202) 698-3492.

***DEADLINE FOR SUBMISSION OF YOUR MYLI APPLICATION IS
FRIDAY, APRIL 10, 2009.***

Remember, the completed applications must be received in the Office of Youth Programs by the deadline date. The Office of Youth Programs is located at 625 H Street NE, Washington DC 20002-4347

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ADRIAN M. FENTY, MAYOR



DEPARTMENT OF EMPLOYMENT SERVICES
JOSEPH P. WALSH, ACTING DIRECTOR